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CONFIRMATION NO. 2374

<b>SERIAL NUMBER</b> 09/964,858	<b>FILING OR 371(c) DATE</b> 09/28/2001 <b>RULE</b>	<b>CLASS</b> 530	<b>GROUP ART UNIT</b> 1645	<b>ATTORNEY DOCKET NO.</b> P07274US02/BAS	
<b>APPLICANTS</b> Margaret K. Hostetter, Milford, CT; Denise Devore-Carter, Guilford, CT;					
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/237,082 09/28/2000					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 10/24/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <u>Allowance</u> Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 14	<b>TOTAL CLAIMS</b> 30	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 00881					
<b>TITLE</b> Antibodies to the propeptide of candida albicans and methods of use					
<b>FILING FEE RECEIVED</b> 567	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		